

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 19 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 711855 (7)
1. Corporation Name
THE GREATER CORAL SPRINGS CHAMBER OF COMMERCE, INC.

Principal Place of Business Mailing Address
9801 WEST SAMPLE ROAD 9801 WEST SAMPLE ROAD
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/30/1966	3a. Date of Last Report 04/27/1994
4. FEI Number 59-1225471	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent
LYDEN, VICKY
9801 W. SAMPLE RD.
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, as both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Vicky Lyden* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	CD
NAME	HUNTER, JIM	1.2 NAME	Neimark, Cort
STREET ADDRESS	9801 WEST SAMPLE ROAD	1.3 STREET ADDRESS	9801 W. Sample Rd.
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	D	2.1 TITLE	D
NAME	NIEMARK, CORT	2.2 NAME	Robert Farnes
STREET ADDRESS	9801 W SAMPLE RD.	2.3 STREET ADDRESS	9801 W. Sample Rd.
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	DT	3.1 TITLE	DS
NAME	KENDALL, RICHARD	3.2 NAME	James Tilton
STREET ADDRESS	9801 W. SAMPLE RD.	3.3 STREET ADDRESS	9801 W. Sample Rd.
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	DS	4.1 TITLE	D
NAME	SOMMERER, DIANE	4.2 NAME	William Griffin III
STREET ADDRESS	9801 W SAMPLE RD.	4.3 STREET ADDRESS	9801 W. Sample Rd.
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP	Coral Springs, FL 33065
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Cort A. Neimark*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cort A. Neimark

4/11/95
Date

493-8000
Daytime Phone #